FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

OMB APPROVAL

OMB Number: Estimated average burden hours per response: 0.5

Section 16. Form 4 or Form 5 obligations may continue. See					Estimated average burden									3235-0287 en 0.5						
1. Name and Address of Reporting Person*  TOWERVIEW LLC						2. Issuer Name <b>and</b> Ticker or Trading Symbol SAGA COMMUNICATIONS INC [ SGA ]								Relationship of Reporting Person(s) to Issuer (Check all applicable)     Director						
(Last) 460 PAR	(Fii K AVENUI	,	Middle)			ate o 19/2		st Trans	action (M	lonth/	'Day/Year)					Office	er (give title v)	e	Other ( below)	(specify
(Street) NEW YC	ORK N	<b>Y</b> 1	10022		4. If	Ame	ndment,	, Date o	f Origina	l Filed	d (Month/Da	ay/Yea	ar)		. Indiv ine) X	Form	n filed by O	ne Re	ing (Check A eporting Pers nan One Rep	on
(City)	(St		Zip)																	
1 Till 6 C			e I - No			_	A. Deem		quired,	Dis	posed o				ally (		ed ount of	1.	Ownership	7. Nature
1. Title of Security (Instr. 3)				2. Transaction Date (Month/Day/Year)		Execution Date,		Transaction Code (Instr. 8)		4. Securities Acquired Disposed Of (D) (Instr.				Securities Beneficially Owned Following Reported		Fo (D	orm: Direct ) or Indirect (Instr. 4)	of Indirect Beneficial Ownership		
									Code	v	Amount	(A (I	A) or D)	Price		Transa	ted action(s) 3 and 4)			(Instr. 4)
Class A C	Common Sto	ock		12/19/	/2016				S		1,000		D	\$50	.55	1,2	260,000		D	
Class A C	Common Sto	ock		12/19/	/2016				S		1,000		D	\$50	).6	1,2	259,000		D	
Class A C	Common Sto	ock		12/19/	/2016				S		1,000		D	\$50	.65	1,2	258,000		D	
Class A C	Common Sto	ock		12/19/	/2016				S		1,000		D	\$50	).7	1,2	257,000		D	
Class A C	Common Sto	ock		12/19/	/2016				S		1,000		D	\$50	.75	1,2	256,000		D	
Class A C	Common Sto	ock		12/19/	/2016				S		451		D	\$50	8.0	1,2	255,549		D	
Class A C	Common Sto	ock		12/20	/2016				S		1,480		D	\$50	8.0	1,2	254,069		D	
Class A C	Common Sto	ock		12/20	/2016				S		6,800		D	\$50	.85	1,2	247,269		D	
Class A C	Common Sto	ock		12/20	/2016				S		1,500		D	\$50	).9	1,2	245,769		D	
Class A Common Stock				12/20/2016				S		500	D \$50.925		925	1,245,269			D			
Class A Common Stock				12/20/2016					S		2,077		D	\$50.95		1,243,192			D	
Class A Common Stock				12/20/2016				S		300		D	\$50.975		1,242,892			D		
Class A Common Stock 1				12/20/2016					S		1,000		D	\$51		1,241,892			D	
Class A Common Stock 12/20				/2016				S		1,000		D	\$51.05		1,240,892			D		
		Та									osed of, onvertib				y Ov	ned				
1. Title of Derivative Security (Instr. 3)	Title of 2. 3. Transaction Executive Conversion Date (Month/Day/Year) if any		3A. Deem	n Date, Trans Code		5. Number of		6. Date Exercis. Expiration Date (Month/Day/Yea		able and 7. Title and Amount of			8. Price Derivati Security (Instr. 5				10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code	v	(A)	(D)	Date Exercisa		Expiration Date	Title	or Nui of	mber ares						
1. Name an	d Address of	Reporting Person*																		

TOWERVIEV		חנו						
(Last)	(First)	(Middle)						
460 PARK AVENUE								
(Street)			_					
NEW YORK	NY	10022						
(City)	(State)	(Zip)						
		·						

1. Name and Address of Reporting Person*  TISCH DANIEL R								
(Last) (First) (Middle) 460 PARK AVENUE								
(Street) NEW YORK	NY	10022	_					
(City)	(State)	(Zip)	_					

## **Explanation of Responses:**

## Remarks:

1. In addition to TowerView LLC this Form 4 is being jointly filed by Daniel R. Tisch, who is General Member of, and has the same business address as TowerView LLC and may be deemed to have a pecuniary interest in securities owned by it.

 Daniel R. Tisch
 12/20/2016

 Daniel R. Tisch
 12/20/2016

 \*\* Signature of Reporting Person
 Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.

<sup>\*</sup> If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

<sup>\*\*</sup> Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).